

THE CALIFORNIA STATE HORSEMEN'S ASSOCIATION
CHARITABLE TRUST
REQUEST FOR SCHOLARSHIP MONIES
(PRINT ALL INFORMATION)

NAME _____ BIRTH DATE _____ / _____ / _____
MONTH/DATE/YEAR

ADDRESS _____ SSN # _____
STREET ADDRESS OR P O BOX

CITY STATE ZIP

SCHOLARSHIP NAME _____
YEAR WON _____ AMOUNT OF SCHOLARSHIP \$ _____

The scholarship is to be used for tuition, books, or lab fees associated with attendance at a vocational school, 2-year college, 4-year college, graduate school or certificate course applicable to the winner's career goals through an accredited school. Funds will be sent directly to the school for the benefit of the scholarship winner and may not be distributed to the individual.

Note: If desiring to use funds to attend a clinic, approval of the Trust must be obtained in advance. Please review the requirements in the current rulebook and contact the Trust a minimum of 60 days in advance of the event and/or date money is required to obtain approval for this use.

Junior Scholarship: Funds not claimed before the recipient's 25th birthday will revert to the originating scholarship fund. **Senior Scholarship:** Funds not claimed within 4 years of award date will revert to the originating scholarship fund. It is the responsibility of the recipient to manage this time line. No notification of pending expiration will be provided by the Charitable Trust or The California State Horsemen's Association.

NAME UNDER WHICH RECIPIENT IS ENROLLED _____

SCHOOL NAME _____

ATTENTION: _____
NAME OF DEPARTMENT; E.G. STUDENT AID

SCHOOL'S ADDRESS _____
CITY STATE ZIP

TO REDEEM YOUR SCHOLARSHIP, COMPLETE THIS FORM AND MAIL IT TO:

THE CALIFORNIA STATE HORSEMEN'S ASSOCIATION
ATTN: CHARITABLE TRUST
1330 W. Robinhood Dr. Suite D, Stockton, CA 95207



NOTE: Disbursement of funds may take up to 45 days after receipt of acceptable documents by the Charitable Trust..

FOR TRUST USE ONLY
VERIFIED & PAID _____ CHECK # _____
(CSHA TRUST TREASUER)

DATE MAILED _____ CERTIFIED # _____
MONTH/DATE/YEAR